

APPEAL FORM

RECEIVED

Date Received:

10/25/2014

Fee:

City Clerk's Office/Rec'd by:

NOV - 4 2014

Name of Appellant:

MR. MICHAEL BYRN

Business Address and

Telephone Number:

E-mail Address:

michaelbyrna

TO THE HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL:

The above named appellant does hereby appeal the following to the City Council:

The decision of the: (List Board/Commission/Dept./Official)

Decision date:

Decision: (contract award recommendation; nonresponsive bid, denial, other)

The grounds upon which this appeal is filed are: (List all grounds relied upon in making this appeal. Attach additional sheets if more space is needed.)

1. Testing of blood done at A.D.S. Robert Park...
Proof of negative status as far as being under any
influence of "Marijuana"

2.

The specific action which the undersigned wants the City Council to take is: (Attach additional sheets if more space is needed.)

Complete total reversal of S. Rosa City decision:
Too Withhold Michael Byrna's Taxi Permit!

Except where an appeal procedure is otherwise provided in the City Code, any person dissatisfied with any final decision of any City commission, board or official may appeal such final decision to the City Council. Only final decisions may be appealed to the City Council. All appeals shall be initiated by filing with the City Clerk a written notice of appeal on a form provided by the City Clerk within 15 days of the date of decision, together with any applicable fees as determined by Council resolution. (Santa Rosa City Code §§ 1-20.010; 1-20.020.)

Appellant's Signature

M. Byrna

Date

10/25/2014

Name and title (type or print)



Alcohol & Drug Testing Services

6025 Labath Avenue, Suite 104

Rohnert Park, CA 94928

707.588.1234 ~ Fax 707.588.8096 ~ 800.457.5508

customerservice@adts.com

ATTENTION:

Lily Hsieh

Santa Rosa Police Department

965 Sonoma Avenue

Santa Rosa, CA 95404

Participant: Michael Byrn

Other ID:

SSN: [REDACTED]

Results of Controlled Substance Test

Record Status: Negative

Test Type: Pre-Employment

Collection Date/Time: 09/19/2014 2:23 PM

Batch ID: 20140919

Specimen ID: A30856

Date COC Received: 09/19/2014

Medical Review Officer: N/A

Sample Type: Urine

Test Panel ADTS-Screen

Laboratory: ADTS Inc. ~ Alcohol & Drug Testing Services

6025 Labath Ave. Suite 104

Rohnert Park, CA 94928

Collection Site: 1 - ADTS Rohnert Park

6025 Labath Ave, Suite 104

Rohnert Park, CA 94928

Verification Date: 09/19/2014

Specimen Collector: Michelle A.

Test Performed Result

Amphetamines Negative

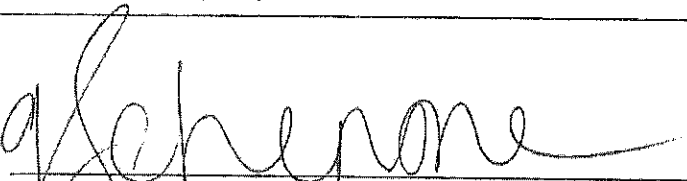
Marijuana Negative

Opiates (Cod & Mor) Negative

Test Performed Result

Cocaine Negative

Phencyclidine Negative


ADTS / Gina Schenone

9/19/14
Date

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0490500	Type of Application: TAXI CAB DRIVER / OWNER
Code assigned by DOJ	
Job Title or Type of License, Certification or Permit: TAXI PERMIT	
Agency Address Set Contributing Agency:	
SANTA ROSA POLICE DEPARTMENT	00471
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ)
965 SONOMA AVENUE	Contact Name (Mandatory for all school submissions)
Street No. Street or PO Box	
SANTA ROSA CA 95404	(707) 543-3600
City State Zip Code	Contact Telephone No.
Name of Applicant: BYRN Michael J.	
(Please print) Last First MI	
Alias: NO "Aliases"	Driver's License No: [REDACTED]
Last First	
Date of Birth: [REDACTED] Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL -
	Agency Billing Number
Height: 5' 7" Weight: 210 lbs.	Misc. Number:
	Home Address:
Eye Color: Green Hair Color: Brown	4735 Condonberry Dr
	Street No. Street or PO Box
Place of Birth: Santa Rosa, CA	Santa Rosa, CA 95403
	City, State and Zip Code
Social Security Number: [REDACTED]	707-921-6141
Your Number: 4905	
OCA No. (Agency Identifying No.)	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI Number:	
Employer: (Additional response for agencies specified by statute)	
Employer Name	
Street No. Street or PO Box	Mail Code (five digit code assigned by DOJ)
City State Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By: Kim m	
Name of Operator	
The UPS Store	G246BYM 439
Transmitting Agency	ATI No.
	Date 9/13/14
	49 + 20
	Amount Collected/Billed

ORIGINAL - Live Scan Operator; SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency



City of Santa Rosa

Police Department
965 Sonoma Avenue
Santa Rosa, CA 95404

PSB01216045

9/3/2014 2:59:58 PM

**MICHAEL JAMES
BYRN**

Description	Ledger	Amount
Permits TAXICAB PERMIT - NEW	001100-4690	\$160.00
		\$160.00
Pay Type	Ref	Amount
Cash		\$160.00

Printed: 9/3/2014 at 2:59:59 PM

Thank You